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WILL, POWER OF ATTORNEY & HEALTH CARE DIRECTIVE QUESTIONNAIRE

DATE: _____

NAMES: (full legal names): _____

AGE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

OCCUPATION: _____

EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE (H): _____ CELL: _____ CELL: _____ PHONE (W): _____

RESIDENCE FOR TAX PURPOSES: _____

CITIZENSHIP: _____

MARITAL STATUS: _____ DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

MARRIAGE CONTRACT: _____

SEPARATION AGREEMENT: _____ PARTICULARS OF DIVORCE: _____

RECIPROCAL WILL? _____

CHILDREN:	<u>FULL NAME</u>	<u>ADDRESS</u>	<u>AGE</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

ANY ADOPTED? _____ ANY STEP CHILDREN? _____ ILLEGITIMATE? _____

MORE CHILDREN TO FOLLOW? _____ ANY CHILDREN OF SPECIAL CIRCUMSTANCES? _____

PARENTS:	<u>FULL NAME</u>	<u>ADDRESS</u>	<u>AGE</u>
	_____	_____	_____
	_____	_____	_____

BROTHERS & SISTERS: FULL NAME

ADDRESS

AGE

POTENTIAL EXECUTORS: (The executor is a person or people you appoint to carry out the instructions in your will. He may hire lawyers, or accountants, or business advisors, but he is the one that is in charge. Two, or alternate executors are recommended).

SPOUSE: _____

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

POTENTIAL GUARDIANS: JOINT: _____ ALTERNATE: _____

NAME

ADDRESS

NAME

ADDRESS

BEQUEST TO GUARDIANS? _____

POWER OF ATTORNEY INFORMATION:

Primary Attorney Name: _____

Relationship: _____

Primary Attorney Address: _____

Alternate Attorney Name: _____

Relationship: _____

Alternate Attorney Address: _____

Second Alternate Attorney (if necessary): _____

Relationship: _____

Second Alternate Attorney Address: _____

Do you want POA to be contingent (ie. only comes into effect if you have been deemed incompetent by 2 medical practitioners)

_____ Yes _____ No

Have any of your Attorneys had a criminal record? _____ Yes _____ No

Do you want your Attorney to do an annual accounting? _____ Yes _____ No

Do you want your attorney to be paid to act as your attorney? _____ Yes _____ No. If so, how much? \$ _____

HEALTH CARE PROXY INFORMATION:

Primary Proxy Name: _____

Relationship: _____

Primary Proxy Address: _____

Alternate Proxy Name: _____

Relationship: _____

Alternate Proxy Address: _____

Second Proxy (if necessary): _____

Relationship: _____

Second Proxy- Address: _____

FINANCIAL: EMPLOYMENT/INCOME SOURCE: _____

ASSETS

	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>JOINT WITH?</u>
REAL ESTATE: PRINCIPAL RESIDENCE:	_____		

OTHER: _____

AGREEMENTS FOR SALE
OR MORTGAGES: _____

STOCKS, SHARES, BONDS: _____

BANKS, CREDIT UNION
ACCOUNTS/DEPOSITS: _____

SAFETY DEPOSIT BOX: _____ LOCATION: _____ PERSONAL OR GROUP: _____

AUTOS: _____

BOATS: _____

INTEREST IN OTHER ESTATES: _____ VALUE: _____ COPY OF TRUST/WILLS: _____

APPROXIMATE VALUE GRAIN-ON-HAND/CATTLE: _____

LOANS OUTSTANDING TO YOU: _____

LIABILITIES:

DEBTS:

MORTGAGE ON: _____ JOINT WITH: _____ AMOUNT: _____

P.P.S.A ON: _____ JOINT WITH: _____ AMOUNT: _____

_____ JOINT WITH: _____ AMOUNT: _____

_____ JOINT WITH: _____ AMOUNT: _____

FINANCIAL OBLIGATIONS? (support, dependants, etc.): _____

LEASES? _____

INDEMNITIES? _____

GUARANTEES? _____

LOANS OUTSTANDING: _____

OTHER: _____

TAX ADVISOR: _____

REVIEW WILL WITH ADVISOR? _____

ARE THERE MAJOR PERSONAL ITEMS OR HEIRLOOMS THAT YOU WISH TO GO TO SPECIFIC PEOPLE?

EMPLOYEE BENEFITS

SELF:

LIFE INSURANCE: _____

DISABILITY INSURANCE: _____

PROFIT SHARING: _____

PENSION PLAN: _____

CURRENT VALUE: _____

RETIREMENT VALUE: _____

SPOUSE:

PERSONAL LIFE INSURANCE

SELF:

COMPANY: _____

PLAN: _____

FACE AMOUNT: _____

COMPANY: _____

PLAN: _____

FACE AMOUNT: _____

COMPANY: _____

PLAN: _____

FACE AMOUNT: _____

SPOUSE:

INVESTMENTS

SELF:

Value

Company

R.S.P.'s: _____

G.I.C.'s: _____

MUTUAL FUNDS: _____

STOCKS: _____

BUSINESS INTERESTS: _____

SPOUSE:

Value

Company

With this basic information you and the lawyer can arrive at a proper will for your circumstances. The following items will probably be discussed:

1. Whether to transfer the assets down to the next generation instead of leaving it to your spouse.
2. Leaving the estate to the children in trust, if both you and your spouse should not survive.
3. Whether the children are to receive the funds at the age of 18 or later (it has to be a contingent gift to use a date other than 18 years of age).
4. What to happen with the property if the whole family were killed in a car crash or something.
5. If one of the children should not survive should his/her share go to his/her children.
6. Do you need a Power of Attorney? (this appoints somebody to handle your financial & business affairs while you are alive). This is a powerful document and has a potential for misuse. It will however, save a substantial amount of money if it is available when you are incapable of carrying on your own affairs.
7. Living Will (medical care proxy)? (Appoints somebody to make medical and personal care decisions if you are unable to continue to do so).
8. **DO NOT PLAN YOUR WILL AS THOUGH YOU ARE GOING TO DIE TWENTY YEARS FROM NOW. PLAN IT TO COVER YOUR CURRENT WISHES.**